



## Application Data Sheet

### **Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Group Art Unit:: 3653  
Suggested classification::  
TITLE:: METHOD FOR TRACKING AND DISPENSING  
MEDICAL ITEMS  
Attorney Docket Number:: D-1056 DIV3  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: 1  
Total Drawing Sheets:: 20  
Small Entity:: No  
Petition included?:: No  
Secrecy Order in Parent Appl.?:: No

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Max  
Middle Name:: A.  
Family Name:: Fedor  
Name Suffix::  
City of Residence:: Wexford  
State or Province Of Residence:: PA  
Country of Residence:: US  
Street of mailing address:: 2627 Glenchester Rd  
City of mailing address:: Wexford  
State or Province of mailing address:: PA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 15090

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Eric  
Middle Name:: R.  
Family Name:: Colburn  
Name Suffix::  
City of Residence:: Wexford  
State or Province Of Residence:: PA  
Country of Residence:: US  
Street of mailing address:: 2653 Black Oak Ct  
City of mailing address:: Wexford  
State or Province of mailing address:: PA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 15090

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Robert  
Middle Name:: G.  
Family Name:: Gillio  
Name Suffix::  
City of Residence:: Lancaster  
State or Province Of Residence:: PA  
Country of Residence:: US  
Street of mailing address:: 2001 Pine Dr  
City of mailing address:: Lancaster  
State or Province of mailing address:: PA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 17601

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Daniel  
Middle Name:: W.  
Family Name:: Neu  
Name Suffix::  
City of Residence:: Pittsburgh  
State or Prov. Of Residence:: PA  
Country of Residence:: US  
Street of mailing address:: 1000-8 Nineteen North Dr  
City of mailing address:: Pittsburgh  
State or Province of mailing address:: PA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 15237

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: R.  
Middle Name:: Michael  
Family Name:: McGrady  
Name Suffix::  
City of Residence:: Baden  
State or Prov. Of Residence:: PA  
Country of Residence:: US  
Street of mailing address:: 218 Woodcroft Rd  
City of mailing address:: Baden  
State or Province of mailing address:: PA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 15005

**Correspondence Information**

Correspondence Customer Number:: 07733

**Representative Information**

Representative Customer Number::	07733
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	<u>Divisional of</u>	<u>08/361,783</u>	<u>12/16/1994</u>
<u>08/361,783</u>	Continuation-In-Part of	08/186,285	01/25/1994
08/186,285	Continuation-In-Part of	08/009,055	01/25/1993